

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVS647HOS</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>02/11/2010</b>
NAME OF PROVIDER OR SUPPLIER  <b>HARMON MEDICAL AND REHABILITATION HOSPITAL</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>2170 EAST HARMON AVENUE LAS VEGAS, NV 89119</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	<p>Initial Comments</p> <p>Surveyor: 26855</p> <p>This Statement of Deficiencies was generated as a result of complaint investigation conducted in your facility on 02/11/10 and finalized on 02/11/10, in accordance with Nevada Administrative Code, Chapter 449, Hospitals.</p> <p>Complaint #NV00024464 was substantiated with deficiencies cited. (See Tags S0088, S0105)</p> <p>A Plan of Correction (POC) must be submitted. The POC must relate to the care of all patients and prevent such occurrences in the future. The intended completion dates and the mechanism(s) established to assure ongoing compliance must be included.</p> <p>Monitoring visits may be imposed to ensure on-going compliance with regulatory requirements.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.</p> <p>The following deficiencies were identified.</p>	S 000		
S 088 SS=F	<p>NAC 449.316 Physical Environment</p> <p>1. The buildings of a hospital must be solidly constructed with adequate space and safeguards for each patient. The condition of the physical plant and the overall hospital environment must be developed and maintained in a manner so that</p>	S 088		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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S 088	Continued From page 1  the safety and well-being of patients are ensured.  This Regulation is not met as evidenced by: Surveyor: 26855 Based on observation, interview and document review the facility failed to ensure the Bureau was notified that an interruption in the hot water supply to patients existed at the facility for several days and failed to maintain a safe hospital environment for patients on the 300 hall of the facility.  Severity: 2                      Scope: 3  Complaint # 24464	S 088		
S 105 SS=F	NAC 449.322 Housekeeping Services  1. A hospital shall establish organized housekeeping services planned, operated and maintained to provide a pleasant, safe and sanitary environment. Adequate personnel, using accepted practices and procedures, shall keep the hospital free from offensive odors, accumulations of dirt, rubbish, dust and safety hazards. This Regulation is not met as evidenced by: Surveyor: 26855 Based on observation, interview and document review the facility failed to ensure housekeeping services maintained a safe and sanitary environment on the observation unit and 300 hall and kept the rooms and bathrooms free from an accumulation of dirt, dust, rubbish and safety hazards.  Severity: 2                      Scope: 3	S 105		

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S 105	Continued From page 2 Complaint # 24464	S 105			

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